

SENATE BILL 27

C3

0lr0675

(PRE-FILED)

By: **Senator Conway**

Requested: October 1, 2009

Introduced and read first time: January 13, 2010

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Benefits for In Vitro Fertilization – Donor Sperm**

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and
4 health maintenance organizations from excluding benefits for certain expenses
5 arising from in vitro fertilization procedures when the patient's oocytes are
6 fertilized with donor sperm under certain circumstances; providing for the
7 application of this Act; and generally relating to benefits for in vitro fertilization
8 services by health insurers.

9 BY repealing and reenacting, with amendments,
10 Article – Insurance
11 Section 15–810
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2009 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article – Insurance**

17 15–810.

18 (a) This section applies to:

19 (1) insurers and nonprofit health service plans that provide hospital,
20 medical, or surgical benefits to individuals or groups on an expense-incurred basis
21 under health insurance policies that are issued or delivered in the State; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (2) health maintenance organizations that provide hospital, medical,
2 or surgical benefits to individuals or groups under contracts that are issued or
3 delivered in the State.

4 (b) (1) An entity subject to this section that provides pregnancy-related
5 benefits may not exclude benefits for all outpatient expenses arising from in vitro
6 fertilization procedures performed on the policyholder or subscriber or dependent
7 spouse of the policyholder or subscriber.

8 (2) The benefits under this subsection shall be provided:

9 (i) for insurers and nonprofit health service plans, to the same
10 extent as the benefits provided for other pregnancy-related procedures; and

11 (ii) for health maintenance organizations, to the same extent as
12 the benefits provided for other infertility services.

13 (c) Subsection (b) of this section applies if:

14 (1) the patient is the policyholder or subscriber or a covered dependent
15 of the policyholder or subscriber;

16 (2) the patient's oocytes are fertilized with:

17 (I) the patient's spouse's sperm; **OR**

18 (II) **DONOR SPERM IF:**

19 **1. THE PATIENT'S SPOUSE IS UNABLE TO PRODUCE**
20 **SPERM DUE TO NONOBSTRUCTIVE AZOOSPERMIA; AND**

21 **2. THE PATIENT HAS OVARIAN HYPERSTIMULATION**
22 **SYNDROME;**

23 (3) (i) the patient and the patient's spouse have a history of
24 infertility of at least 2 years' duration; or

25 (ii) the infertility is associated with any of the following medical
26 conditions:

27 1. endometriosis;

28 2. exposure in utero to diethylstilbestrol, commonly
29 known as DES;

30 3. blockage of, or surgical removal of, one or both
31 fallopian tubes (lateral or bilateral salpingectomy); or

1 4. abnormal male factors, including oligospermia,
2 contributing to the infertility;

3 (4) the patient has been unable to attain a successful pregnancy
4 through a less costly infertility treatment for which coverage is available under the
5 policy or contract; and

6 (5) the in vitro fertilization procedures are performed at medical
7 facilities that conform to the American College of Obstetricians and Gynecologists
8 guidelines for in vitro fertilization clinics or to the American Fertility Society minimal
9 standards for programs of in vitro fertilization.

10 (d) An entity subject to this section may limit coverage of the benefits
11 required under this section to three in vitro fertilization attempts per live birth, not to
12 exceed a maximum lifetime benefit of \$100,000.

13 (e) Notwithstanding any other provision of this section, if the coverage
14 required under this section conflicts with the bona fide religious beliefs and practices
15 of a religious organization, on request of the religious organization, an entity subject to
16 this section shall exclude the coverage otherwise required under this section in a
17 policy or contract with the religious organization.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
19 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
20 on or after October 1, 2010.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
22 October 1, 2010.